

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE**

**THIRD PARTY ADMINISTRATOR  
ANNUAL STATEMENT**

**FOR THE YEAR ENDING DECEMBER 31, 2005**

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NAME OF THE THIRD PARTY ADMINISTRATOR

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NEBRASKA IDENTIFICATION NUMBER

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FEDERAL EMPLOYER'S I.D. NUMBER

HOME OFFICE:

---

(STREET ADDRESS)

---

(CITY)

---

(STATE)

---

(ZIP CODE)

TELEPHONE NUMBER:

---

(AREA CODE)

---

(TELEPHONE NUMBER)

FAX NUMBER:

---

(AREA CODE)

---

(FAX NUMBER)

MAILING ADDRESS:

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(STREET ADDRESS AND BOX NUMBER)

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(CITY)

---

(STATE)

---

(ZIP CODE)

ANNUAL STATEMENT  
CONTACT PERSON:

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(NAME)

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(E-MAIL ADDRESS)

TELEPHONE NUMBER:

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(AREA CODE)

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(TELEPHONE NUMBER)

**THIS STATEMENT, ALONG WITH ITS REQUIRED FILING FEE OF \$200.00 IS DUE  
ON OR BEFORE MARCH 1, 2006. LATE FILINGS WILL BE SUBJECT TO  
ADMINISTRATIVE PENALTIES OF \$50.00 PER DAY AND/OR POSSIBLE  
SUSPENSION OF ITS CERTIFICATE OF AUTHORITY**

RETURN TO:

ATTENTION: SHARI L. SOHL, EXAMINER II  
NEBRASKA DEPARTMENT OF INSURANCE  
941 "O" STREET, SUITE 400  
LINCOLN, NE 68508-3639

## INSTRUCTIONS

1. Filing Deadline: The Annual Statement is required to be filed on or before **March 1, 2006**, for calendar year **2005**, along with the fee of **\$200.00**, as required by Neb. Rev. Stat. §44-5814. ***LATE FILINGS WILL BE SUBJECT TO ADMINISTRATIVE PENALTIES OF \$50.00 PER DAY.***
2. The **Company Name** must be plainly written, typed or stamped at the top of all pages, exhibits, and schedules. The **Company Name**, as well as the **Annual Statement Year**, should also appear on any inserted schedules and loose sheets.
3. When completing the Annual Statement, the **enclosed financial statement forms** should be used. Responses may be hand-written or typed. *The use of any other statement, form, or report is prohibited unless it is identical to the enclosed form.* Information should be presented in accordance with **generally accepted accounting principles (GAAP)**. The financial statement forms are to be completed on a **calendar year basis only**. All forms submitted for periods other than a calendar year basis will be returned with a request they be redone on the basis requested. **PLEASE NOTE THAT THE FINANCIAL STATEMENTS ARE TO BE SUBMITTED WITH THE REST OF THE ANNUAL STATEMENT BY THE DUE DATE OF MARCH 1, 2005.**
4. Please be advised that Neb. Rev. Stat. §44-5815(1) requires the director to suspend or revoke a certificate of authority if he/she finds a third party administrator to be in an unsound financial condition. Therefore, it is advisable that when filing the Annual Statement, to include a detailed explanation of any negative Net Worth Amounts.
5. Complete **all** questions or schedules as directed. *Do not leave any blanks.* If there is not an answer or the entry does not apply, write “NONE” or “NOT APPLICABLE” in the space provided.
6. The Certification Statement should be signed by the two corporate officers who **verified** the Annual Statement’s contents. The Statement should also be **notarized**.
7. If you do not **complete** the Annual Statement in accordance with these instructions, a copy of the Annual Statement will be sent to you for its **completion and/or correction**. ***FAILURE TO COMPLETE AND/OR CORRECT THE ANNUAL STATEMENT, AS REQUIRED, WILL RESULT IN ADMINISTRATIVE ACTION AGAINST THE COMPANY.***
8. Please be advised that the Department will not be issuing Certificates for the filing of the 2005 Third Party Administrator Annual Statements, and all future Third Party Administrator Annual Statements. Should a licensed Third Party Administrator require documentation with regard to the Statement’s filing, the Third Party Administrator will need to submit a written request for a Certificate of Filing Compliance, along with a \$5.00 filing fee, to the Nebraska Department of Insurance.

### GENERAL INFORMATION

1. List below the **full name, position, residence address, and telephone number** of all persons responsible for the conduct of company affairs, including Officers and Directors. *(If the Officer or Director was not included in the Company's Third Party Administrator Application, a prior Annual Statement or included in an update to the Department during the year, a **biographical affidavit** for each new Officer and/or Director must be included. If you do not have a biographical affidavit form available, please contact the Department and one can be provided. The Department also accepts the NAIC biographical form as well.)*

<u>Name</u>	<u>Position/Title</u>	<u>Residence Address</u>	<u>Telephone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has any individual, named in Question #1, during calendar year 2005, been the subject of any **administrative, judicial, or disciplinary proceeding(s)**, or has any individual **named been arrested, convicted, indicted, or entered a plea of "nolo contendere" to any crime** which was not previously reported to the Department?

Answer \_\_\_\_\_. If **"YES"**, give full **particulars** and attach **copies** of the proceedings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List below all individuals or entities **holding directly or indirectly ten percent (10%) or more** of the company's ownership.

<u>Name</u>	<u>Address</u>	<u>Percentage of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is there any other individual or entity, not listed in Question #1 or #3, who can **exercise control or influence the affairs** of the company?

Answer \_\_\_\_\_. If **"YES"**, please provide the requested information.

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Have any **legal actions** been taken against the company during calendar year **2005**?

Answer \_\_\_\_\_. If **“YES”**, give full **particulars** and attach a **copy(ies)** of the legal action(s). (**Legal actions include actions for all states, not just Nebraska**)

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6. Is the company presently **authorized (licensed)** to operate in States other than Nebraska?

Answer \_\_\_\_\_. If **“YES”**, list below the **States** in which the company is authorized (licensed) to operate.

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7. Does the company have any **ownership interest or affiliation** of any kind with an insurance company(ies) responsible for providing **benefits directly or through reinsurance** to any plan for which the administrator provides administrative services?

Answer \_\_\_\_\_. If **“YES”**, identify the company(ies).

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8. Do you have a fiduciary account for charges and premiums held on behalf of an insurer or other entity (Example: Employer)?

Answer \_\_\_\_\_. If **“YES”**, provide name and address of the financial institution where the account is located, and **the amount of money in the account**. If funds are not held in an account, please explain with **specificity** how such transactions are handled.

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9. List below all plans **administered** in Nebraska, (i.e., all plans administered by your company which cover any Nebraska resident). Include the type of plan (e.g., single employer, self-funded plans; multiple employer self-funded plans (MEWAs); fully insured plans; or commercial self-insurance trust funds); the number of Nebraska residents covered by the plan; the annual premiums collected and/or claims paid on behalf of Nebraska residents; and for each insured plan, the carrier (insurance company).

<u>Plans</u>	<u>Number Insured</u>	<u>Premiums</u>	<u>Claims Paid</u>	<u>Carrier</u>
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Annual Statement for the Year 2005 of \_\_\_\_\_

(Company Name)

## FINANCIAL STATEMENTS

### BALANCE SHEET

#### ASSETS

ROUND TO THE NEAREST DOLLAR

	Current Calendar Year December 31, <b>2005</b>	Previous Calendar Year December 31, <b>2004</b>
<b><u>CURRENT ASSETS:</u></b>		
1. Cash	_____	_____
2. Short-Term Investments	_____	_____
3. Commissions/Fees Receivable	_____	_____
4. Intercompany Receivables	_____	_____
5. Other Receivables	_____	_____
6. Prepaid Expenses	_____	_____
7. Other Current Assets:		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
8. Total Current Assets	_____	_____
<i>(Line 8 = Lines 1 + 2 + 3 + 4 + 5 + 6 + 7a + 7b + 7c)</i>		
<b><u>NON-CURRENT ASSETS:</u></b>		
9. Long-Term Investments	_____	_____
10. Intercompany Receivables	_____	_____
11. Other Receivables	_____	_____
12. Organization Expenses	_____	_____
13. Other Non-Current Assets:		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
14. Total Non-Current Assets	_____	_____
<i>(Line 14 = Lines 9 + 10 + 11 + 12 + 13a + 13b + 13c)</i>		

Annual Statement for the Year 2005 of \_\_\_\_\_

(Company Name)

**ROUND TO THE NEAREST DOLLAR**

	Current Calendar Year <u>December 31, 2005</u>	Previous Calendar Year <u>December 31, 2004</u>
<b><u>FIXED ASSETS:</u></b>		
15. Office Furnishings & Equipment	_____	_____
16. Leasehold Improvements/Real Estate	_____	_____
17. Other Fix Assets:		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
18. Sub-Total Fixed Assets	_____	_____
<i>(Line 18 = Lines 15 + 16 + 17a + 17b + 17c)</i>		
19. Less: Accumulated Depreciation/ Amortization	_____	_____
20. Total Fixed Assets	_____	_____
<i>(Line 20 = Lines 18 - 19)</i>		
21. TOTAL ASSETS	=====	=====
<i>(Line 21 = 8 + 14 + 20)</i>		

***(ASSETS SHOULD EQUAL LIABILITIES PLUS NET WORTH)***

**LIABILITIES & NET WORTH**

**ROUND TO THE NEAREST DOLLAR**

	Current Calendar Year <u>December 31, 2005</u>	Previous Calendar Year <u>December 31, 2004</u>
<b><u>CURRENT LIABILITIES:</u></b>		
1. Premiums Payable	_____	_____
2. Accounts Payable	_____	_____
3. Unearned Commissions/Fees	_____	_____
4. Commissions Payable	_____	_____
5. Notes Payable:		
a. To Financial Institutions	_____	_____
b. Intercompany Notes Payable	_____	_____
c. To Officers & Stockholders	_____	_____
d. Other: _____	_____	_____
6. Accrued Interest Payable	_____	_____
7. Other Current Liabilities:		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
8. Total Current Liabilities	_____	_____
<i>(Line 8 = Lines 1 + 2 + 3 + 4 + 5a + 5b + 5c + 6 + 7a + 7b + 7c)</i>		
<b><u>LONG-TERM LIABILITIES:</u></b>		
9. Notes & Loans Payable:		
a. To Financial Institutions	_____	_____
b. Intercompany Notes Payable	_____	_____
c. To Officers & Stockholders	_____	_____
d. Other: _____	_____	_____
10. Other Long-Term Liabilities:		
a. _____	_____	_____
b. _____	_____	_____
11. Total Long-Term Liabilities	_____	_____
<i>(Line 11 = Lines 9a + 9b + 9c + 9d + 10a + 10b)</i>		
12. TOTAL LIABILITIES	_____	_____
<i>(Line 12 = Lines 8 + 11)</i>		

Annual Statement for the Year 2005 of \_\_\_\_\_

(Company Name)

**ROUND TO THE NEAREST DOLLAR**

	Current Calendar Year <u>December 31, 2005</u>	Previous Calendar Year <u>December 31, 2004</u>
<b><u>NET WORTH:</u></b>		
13. Capital Stock	_____	_____
14. Capital Paid-In	_____	_____
15. Retained Earnings	_____	_____
<i>(Should equal Line 15 On Page 10)</i>		
16. LESS: Treasury Stock	_____	_____
17. NET WORTH	_____	_____
<i>(Line 17 = Lines 13 +14 + 15 - 16)</i>		
18. TOTAL LIABILITIES & NET WORTH	=====	=====
<i>(Line 18 = Lines 12 + 17)</i>		

***(ASSETS SHOULD EQUAL LIABILITIES PLUS NET WORTH)***



**STATEMENT OF OPERATIONS & RETAINED EARNINGS**

**INCOME**

**ROUND TO THE NEAREST DOLLAR**

	Current Calendar Year <u>December 31, 2005</u>	Previous Calendar Year <u>December 31, 2004</u>
1. Earned Commissions/Fees	_____	_____
2. Net Investment Income Earned	_____	_____
3. All Other Income: _____	_____	_____
4. Total Income	_____	_____
<i>(Line 4 = Lines 1 + 2 + 3 + 4)</i>		

**EXPENSES**

5. Commission Expenses	_____	_____
6. Salaries	_____	_____
7. General Expenses	_____	_____
<i>(Line 7 = Total of Schedule A, Page 11)</i>		
8. Total Expenses	_____	_____
<i>(Line 8 = Lines 5 + 6 + 7)</i>		

**NET INCOME**

9. Income before Taxes	_____	_____
<i>(Line 9 = Lines 4 - 8)</i>		
10. Federal & State Income Taxes	_____	_____
11. NET INCOME/(NET LOSS)	=====	=====
<i>(Line 11 = Lines 9 - 10, Should equal Line 13)</i>		

**RETAINED EARNINGS**

12. Retained Earnings, December 31, of <b>2004</b> and <b>2003</b>	* _____	_____
<i>(Should equal prior annual statement's amount for retained earnings)</i>		
13. Net Income/(Net Loss)	_____	_____
<i>(Should equal line 11)</i>		
14. LESS: Distributions to Stockholders	_____	_____
15. RETAINED EARNINGS, December 31, of <b>2005</b> and <b>2004</b>	=====	* _____
<i>(Line 15 = Lines 12 + 13 - 14, Should also equal Line 15, on page 9)</i>		

\* If amounts between years for Retained Earnings do not equal, an explanation needs to be provided.

**GENERAL EXPENSES**

**SCHEDULE A**

**ROUND TO THE NEAREST DOLLAR**

	Current Calendar Year <u>December 31, 2005</u>	Previous Calendar Year <u>December 31, 2004</u>
Advertising	_____	_____
Accounting & Auditing Expense	_____	_____
Auto Expenses	_____	_____
Bad Debt Expense	_____	_____
Building Maintenance & Repair	_____	_____
Consulting Fees	_____	_____
Depreciation & Amortization	_____	_____
Employee Benefits	_____	_____
Equipment Maintenance & Repair	_____	_____
Equipment Rental	_____	_____
Insurance	_____	_____
Interest	_____	_____
Legal Fees	_____	_____
Office Supplies & Expenses	_____	_____
Printing	_____	_____
Postage & Freight	_____	_____
Rent & Related Items	_____	_____
Taxes:		
a. Payroll	_____	_____
b. Property	_____	_____
c. Other Taxes, Licenses & Fees	_____	_____
Telephone	_____	_____
Travel & Entertainment	_____	_____
Utilities	_____	_____
Other:	_____	_____
a. _____	_____	_____
b. _____	_____	_____
Total General Expenses	=====	=====
<i>(Should equal Line 7, Page 10)</i>		

Annual Statement for the Year 2005 of \_\_\_\_\_  
(Company Name)

**CERTIFICATION STATEMENT**

I do solemnly swear and affirm that the foregoing information and documentary evidence submitted is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

**ANNUAL REPORT CHECKLIST**

**COMPLETE AND RETURN**

<u>ITEM NUMBER</u>		<u>COMPLETED</u>
1.	Officers, directors and stockholders:	
	a. Name, position (title), and address	_____
	b. Biographical information and telephone numbers for new personnel	_____
2.	Legal or administrative actions against any personnel listed in #1	_____
3.	Ownership, list individuals or entities owning 10 % or more in stock	_____
4.	Individuals or entities, unlisted above, who able to control or influence company affairs	_____
5.	Legal or administrative actions against company	_____
6.	List of states you are licensed (authorized) to operate in as a TPA	_____
7.	List ownership interest or insurance affiliation	_____
8.	Fiduciary account information	_____
9.	Plans administered in Nebraska:	
	a. List all plans, including self-funded, fully insured, MEWAS, and commercial self-insurance funds	_____
	b. Provide the annual premiums collected and/or claims paid for each plan	_____
	c. Give name of the carrier for each plan and the number of Nebraska insureds (policyholders)	_____
10.	Financial Statements:	
	a. Use of Department's forms only	_____
	b. For <b>calendar years</b> ending December 31, 2005 and 2004	_____
11.	Certification Statement:	
	a. Signatures of two Corporate Officers who verified Annual Statement's Contents, along with the date signed	_____
	b. Notarization of Statement	_____
12.	Check payable to the "Nebraska Department of Insurance" for \$200.00	_____